

V & V Insurance Agency  
PO Box 159  
Cresco, Ia 52136  
563-547-2161

June 2006

Dear ATV Club:

Enclosed with this letter is the application for your ATV club liability insurance. Thanks for your help and commitment to a safe ATV program. Hopefully, we will have continued success with good, safe ATV activities and keep our losses at a minimum.

The policy limits are \$1,000,000 Per Occurrence/\$1,000,000 Aggregate with a \$250 deductible per claim.

Premium for the base club liability	\$1000.00
Park Maintenance	\$ 275.00
Equipment for Maintenance	\$ 150.00
Additional Insureds over 20	\$ 30.00/per block of 10
<b>Surplus Lines Tax on total premium</b>	<b>1.25%</b>

**Item #1:** Answer all questions on the application. Make sure your mailing address is correct. **WE MUST HAVE A DAYTIME CONTACT TELEPHONE NUMBER.** The application and additional insureds list must be typewritten because we rely on the FAX MACHINE. Handwritten pen or pencil is difficult to read. (You may use your computer and either scan our application or make your own form using our format). Remember to sign the application and enclose payment.

**COVERAGE IS NOT BOUND UNTIL APPLICATION IS RECEIVED, QUOTED AND ACCEPTED BY EMC UNDERWRITERS LLC AND PREMIUM PAYMENT IS RECEIVED AT V & V INSURANCE AGENCY. THERE IS NO AUTOMATIC COVERAGE**

**Item #2:** The application needs to be completely filled out at each renewal with a current additional insured list. Do not write "same as last year". Review your additional insured list to see who really needs to be listed. Do not have names crossed out on your lists- please retype if names are to be deleted or added. **IDENTIFY ALL PAGES WITH YOUR CLUB NAME AND TITLE "LANDOWNER LIST" OR "ADDITIONAL INSURED'S". THESE LISTS MUST BE CLEARLY TYPED BECAUSE THEY ARE COPIED SEVERAL TIMES AND ATTACHED TO YOUR CLUB POLICY. IT IS ABSOLUTELY NECESSARY THAT YOU DIVIDE THE ADDITIONAL INSURED INTO TWO CATEGORIES:**

- a)** Landowners including COMPLETE mailing address/zip codes.
- b)** Any other additional insureds with COMPLETE mailing addresses/zip codes and a short statement as to why they are to be included as additional insureds.

**IF WE DO NOT HAVE COMPLETE MAILING ADDRESSES/ZIP CODES, THEY WILL BE EXCLUDED FROM COVERAGE. THERE WILL BE NO EXCEPTIONS. LISTS NOT TYPED ACCORDING TO THESE DIRECTIONS WILL BE RETURNED TO THE CLUB FOR CORRECTION AND CLUB'S RENEWAL APPLICATION CANNOT BE SUBMITTED TO EMC UNDERWRITERS LLC UNTIL LIST IS RETURNED TO V & V INSURANCE AGENCY.**

**Item #3:** We have placed the activity list on the back of the application. **Give dates where required. Do NOT include club schedules/calendars;** this makes it more difficult to review and delays processing of the application. The two allowed concession stands may be set up for a **maximum** of three days each. The scheduled dates of the concession stand must be provided. If a concession lasts longer than three days, it will need to be quoted. If there are additional concession stands planned, please list under "Other" and provide dates and details. EMC Underwriters LLC will review these on an individual basis and provide a quote.

**Item #4: Play Day, Festival and Other events must include a detailed description of games and activities.** This must be done on a yearly basis. If they are not explained it will delay the processing of your application. Any activities not listed will **not be covered**. If the event is changed, we must be notified prior to the activity. Special event activities may require a short-term liability application and an additional premium.

**Item #5:** Rides given to other people, i.e., Easter Seal, handicapped, kids, etc. must be looked at individually. Any additional premium will be based upon the details of the activity. A short-term liability application will need to be completed for these special events. We need to have notification of the activity a minimum of two weeks prior to the event for us to obtain company approval before we are able to bind coverage.

**Item #6:** Applications for short-term event spectator liability (races, pulls, etc) must be in our office at least two weeks prior to event for us to obtain company approval before we are able to bind coverage. Minimum age limit for participants is 18 years old. Minimum premium for ATV pulls is \$150.00 per day plus \$85.00 for the pulling sled if owned or leased by the club. For mud runs we need complete information including a diagram and distances and protection for spectators from the track area. If this information is included with renewal application and approved by the company there may be no charge. If requested after policy is bound for coverage there is a minimum \$75.00 charge.

**Item #7:** Amending the policy after receipt of the application by the company will result in an amendment fee. This will be a minimum charge of \$75.00 (this will cover up to 20 additional insureds). Be sure all activities scheduled and non-scheduled and additional insureds are on the application form. Any activities or additional insureds not listed will not be covered.

**Item #8:** There will be no short-term prorated premiums. All policies are "EARNED Annual Premium" and such will be charged a full year's premium.

**Item #9:** There is no premise liability or building coverage included; however, premise liability may be endorsed for an additional premium to be determined by EMC Underwriters LLC.

**Item # 10:** Increased limits requests need applications completed and in our office four weeks prior to state association renewal date. They will be rated individually as per activities and additional insureds.

It is important that your renewal be sent to us well before the renewal date to insure continuing coverage. Please allow us several days for processing and mailing time to get coverage in place. This is the same for amendments, short-term application policies. All requests must go through our office.

If you have a club member who is an attorney or are aware of an attorney in your area that is ATV friendly and fair please forward his or her name to us. Should a claim arise in your area we can call upon them for advice. This would be one of the best things you could do to help us make sure the claim is legitimate. Any help you can provide would be beneficial to all of us.

We thank you for your business and will continue to strive to provide you with the best possible service. If you have any further questions after reading the information, always give us a call.

Sincerely,  
Dale G. Vagts

DALE G. VAGTS  
V & V INSURANCE AGENCY, INC.  
P.O. BOX 159  
CRESCO, IOWA 52136

PHONE: 563-547-2161  
FAX: 563-547-2046  
E-MAIL: insurance@vandvins.com

### ATV CLUB LIABILITY INSURANCE APPLICATION

RENEWAL DATE: \_\_\_\_\_ STATE ASSOCIATION: \_\_\_\_\_

*Is this club/association/council made up of other individual clubs (individual clubs must carry their own separate club liability for club sponsored activities)? If "Yes" is marked the following exclusion will apply to the following club's coverage when bound: It is hereby agreed and understood that "no coverage" exists for any activities of the individual clubs that make up this club/association/council.*

\_\_\_\_\_ *Yes*      \_\_\_\_\_ *No*

CLUB NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NO. OF CLUB MEMBERS: \_\_\_\_\_ HOW MANY MILES OF TRAIL DO YOU MAINTAIN? \_\_\_\_\_  
DOES CLUB DO SIGNAGE FOR TRAILS? \_\_\_\_\_

IS CLUB CONTRACTED TO MAINTAIN ANY ATV PARKS: \_\_\_\_\_ HOW MANY \_\_\_\_\_ LOCATION \_\_\_\_\_  
NAME OF PARK \_\_\_\_\_

ADDITIONAL INSURED SPECIFIC TO ATV PARK EXPOSURE (NEED COMPLETE NAME AND ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES CLUB OWN OR LEASE ANY EMERGENCY EQUIPMENT? \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

DOES CLUB OWN, OPERATE OR LEASE TRAIL MAINTENANCE EQUIPMENT? \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

DOES CLUB OWN OR LEASE PREMISES OTHER THAN DESIGNATED TRAILS \_\_\_\_\_

**IF YES, PLEASE ATTACH SEPARATE SHEET DESCRIBING PREMISE AND ACTIVITIES HELD AT PREMISE.**

DO YOU HAVE A PREMISE LIABILITY POLICY \_\_\_\_\_ CARRIER \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ POLICY TERM \_\_\_\_\_

DO YOU WISH TO OBTAIN THIS COVERAGE FOR AN ADDITIONAL PREMIUM? YES \_\_\_\_\_ NO \_\_\_\_\_

CLUB/TRAIL LIABILITY PREMIUM \$ \_\_\_\_\_ ATV PARK MAINTENANCE PREMIUM \$ \_\_\_\_\_

**List all additional insureds with complete mailing addresses/zip codes** (If not landowners, include reason they need to be listed-will require prior approval from company before being added. Specify landowner lists and keep separately from other additional insureds. List(s) must be typed and current. Use additional sheets when necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITY CHECK LIST**

(This group of individual club activities are acceptable during the club policy term and are included in the club's premium)

Trail Maintenance  
General Membership/Club Meetings  
Board Meetings/Chapter Meetings  
Annual Conventions/State Conventions  
Trail Rides/Club Rides  
Poker Runs/Fun Runs  
Safety Classes  
Radar Runs – (timed events one sled at a time)  
Displays/Booths/Raffles  
Banquets/Landowner Dinners

Dances  
Scavenger Hunts  
Swap Meet/Flea Market (attending)  
Parades  
Hay Rides  
Camp-Outs  
Christmas Party  
Club Cook Outs/Picnics/Chili Feeds/Dinners  
Pancake Breakfast

=====

(Any of the following activities not listed on this application but planned at a later time will be considered an endorsement and require an additional fee to add to the club's activity list.

**MUST HAVE DATES FOR THE FOLLOWING ACTIVITIES/EVENTS****DATES (mm/dd/yy)**

\_\_\_\_\_ Concession Stand - two times only

\_\_\_\_\_ Other - Please list and explain all activities to be held

Annual Conventions/State Conventions, swap meets/flea markets, festivals, and playdays (if sponsoring) need to have a separate application form listing all activities to be held. The company will review and quote based on this information.

Regarding radar runs – coverage is hereby warranted for this event that no one under 18 is allowed to participate.

RACE ACTIVITIES REQUIRE A SEPARATE APPLICATION TO BE SUBMITTED TO OUR OFFICE 14 DAYS PRIOR TO THE EVENT. THERE IS NO AUTOMATIC COVERAGE UNDER THIS POLICY. MINIMUM AGE LIMIT FOR PARTICIPANTS IS 18 YEARS OLD.

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SIGNED: \_\_\_\_\_  
CLUB OFFICER

DATE: \_\_\_\_\_

## SNOWMOBILE CLUB/ATV CLUB SUPPLEMENT

### 1. SNOWMOBILE CLUB/ATV CLUB ACTIVITIES

SNOWMOBILE AND ATV ACTIVITIES – Does each have their own designated season during the year

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when do the seasons normally run?

Snowmobile Season \_\_\_\_\_ ATV Season \_\_\_\_\_

If NO explain: \_\_\_\_\_

### 2. DOES THE CLUB MAINTAIN THE TRAILS FOR:

**SNOWMOBILE:** YES \_\_\_\_\_ NO \_\_\_\_\_ **ATV:** YES \_\_\_\_\_ NO \_\_\_\_\_

If answer is NO, provide the name and address of the entity who is responsible for the maintenance.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DO THEY OPERATE OR MAINTAIN ANY ATV PARKS? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please provide complete details and a separate sheet and attach to this application.

### 3. TRAILS

Are all of the ATV trail miles on existing snowmobile trails? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, do they ever use them at the same time? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, are they ATV designated trails only? YES \_\_\_\_\_ NO \_\_\_\_\_

### 4. IS THERE SPECIFIC SIGNAGE FOR:

Snowmobile trail usage? YES \_\_\_\_\_ NO \_\_\_\_\_

ATV trail usage? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THIS CLUB RESPONSIBLE FOR PUTTING UP THE SIGNAGE FOR:

Snowmobile trails? YES \_\_\_\_\_ NO \_\_\_\_\_

ATV trails YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, provide the name and address of the entity who is responsible for the signage.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**ACTIVITIES COVERED WILL FOLLOW ONLY THE ACTIVITIES SHOWN ON THE SCHEDULE OF SPECIFICALLY COVERED ACTIVITIES FOR THIS CLUB.**

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V & V INSURANCE AGENCY, INC  
Dale G. Vagts, Agent  
PO Box 159  
Cresco, IA 52136

Phone: 563-547-2161  
FAX: 563-547-2046  
Email: [insurance@vandvins.com](mailto:insurance@vandvins.com)

RETURN COMPLETED APPLICATION TO OUR OFFICE AT LEAST 14 DAYS PRIOR TO EVENT

### Special Event Application

1. Applicant: \_\_\_\_\_ Applicant is: ☐ Individual ☐ Corporation  
☐ Partnership ☐ Other  
Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

2. Coverage Date Requested: \_\_\_\_\_ to: \_\_\_\_\_ Dates of Special Event: \_\_\_\_\_

3. Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

4. Estimated Attendance Per Day: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

Description of "All" Activities to be covered for this event. A DETAILED COMPLETE SCHEDULE OF ALL ACTIVITIES WITH DATES. COVERAGE IS VERY SPECIFIC, IF THE ACTIVITY IS NOT SCHEDULED, IT WILL **NOT** BE COVERED. (Attach separate page if necessary)

**\*\*If A Brochure or Flyer with the schedule of activities is available please attach to this application.**

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Are certificates of insurance obtained naming the insured as Additional Insured for any of the above activities?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, which activities – Mark above with an X.

Is there a carnival and amusement ride exposure? YES \_\_\_\_\_ NO \_\_\_\_\_

Is a certificate of insurance obtained naming the insured as an Additional Insured for this exposure? YES \_\_\_\_\_ NO \_\_\_\_\_

The following activities will require separate supplemental applications to be completed to consider:

Concerts, Fireworks displays, Tractor Pull, Demo Derby's and other motorsport activities.

5. How many years has this event been held at this location? \_\_\_\_\_

6. Are there vendors at this event? YES \_\_\_\_\_ NO \_\_\_\_\_ How many? \_\_\_\_\_

What types of vendors? \_\_\_\_\_

Do all vendors provide to the insured insurance certificates naming the insured as additional insured? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, is the insured requesting coverage to include coverage for these vendors to protect the insureds interest due to these vendors on the premises for the event but no additional insured status to vendors? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, number of vendors: Craft vendors # \_\_\_\_\_ Food vendors # \_\_\_\_\_ Display Booth vendors # \_\_\_\_\_

Other vendors \_\_\_\_\_ # \_\_\_\_\_

If NO, is the insured requesting coverage to include coverage for these vendors to protect the insureds interest due to these vendors on the premises for the event and include vendors as additional insureds? YES \_\_\_\_\_ (please provide complete list of all vendors including complete names and addresses and type of vendor.) NO \_\_\_\_\_

7. Do you have campground exposure? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, answer the following:  
Is it available all year around? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, when is it available? \_\_\_\_\_  
Number of camping spaces? \_\_\_\_\_ Electrical Hookups? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are Shower and Restrooms available? YES \_\_\_\_\_ NO \_\_\_\_\_ Playgrounds? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Do you have any events with Animal Activity: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, describe: \_\_\_\_\_

Is a certificate of insurance provided to the insured naming the insured as an Additional Insured? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Do you own or lease event premises and require annual liability coverage for this premise under this policy?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES,

A. Is there a Community Hall or Building or Buildings rented out or utilized for special events or activities throughout the year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide a complete list of all activities and events that you will allow in these buildings (be specific – **Any activities not listed will not be considered**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many total times a year would they rent the premises? \_\_\_\_\_

Are Certificates of insurance naming the insured as additional insured obtained from those using these facilities? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any alcohol served at these events? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, who provides the liquor liability Coverage for this? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Is there a grandstand exposure at their premises? \_\_\_\_Yes \_\_\_\_No. Do they rent out or allow activities to take place at that location during the off season? \_\_\_\_Yes \_\_\_\_No

If YES, please provide a complete list of all activities and events that you will allow in,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often or how many times a year would they rent the premises? \_\_\_\_\_

Are Certificates of insurance obtained naming the insured as Additional Insured for these activities?

YES \_\_\_\_\_ NO \_\_\_\_\_

C. Are there any baseball, softball, soccer or any other sports facilities on the insureds premises?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If YES, is a certificate of insurance obtained naming the insured as an additional insured for this exposure?

YES \_\_\_\_\_ NO \_\_\_\_\_

D. Does the insured provide rental spaces during the off season for others to store Boats, Trailers, Buses etc.?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, approximately how many spaces available? \_\_\_\_\_

Indoor or outdoor storage? \_\_\_\_\_

10. Limits of coverage requested:

☐ 300,000

☐ 500,000

☐ 1,000,000

☐ 1,000,000/2,000,000

11. Do they need Products coverage for food and non-alcoholic drink activities? YES \_\_\_\_\_ NO \_\_\_\_\_

12. Do they need any Additional Insureds? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes: Type of activities and Date of activity: \_\_\_\_\_

Name and complete address of Additional Insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do they need to be named? \_\_\_\_\_

**\*\*\*UNDERWRITING INFORMATION REQUIRED\*\*\***

1. Has similar insurance been purchased in the past? YES \_\_\_\_ NO \_\_\_\_  
If YES, name of prior insurance company: \_\_\_\_\_ Premium: \_\_\_\_\_
2. Have any losses been incurred during the last 3 years, whether insured or not? YES \_\_\_\_ NO \_\_\_\_  
If yes, provide date of loss, description and amount of settlement or 3 years loss runs from prior insurance company or companies.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**Underwriter:      EMC Underwriters, LLC**